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2022 SEP 30 PUNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

	Patricia A. Barbar Il name of the plaintiff or petitioner applying (each person ust submit a separate application))	- - C		() ()	
			·	() ()	
	-against- (Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)				
∇	lorthwell Health	-			
(fu	Il name(s) of the defendant(s)/respondent(s))	-			
	APPLICATION TO PROCEED WITH	OUT PREPAY	YING FEES O	R COSTS	
and	m a plaintiff/petitioner in this case and declare that I I believe that I am entitled to the relief requested in oceed in forma pauperis (IFP) (without prepaying fees e:	n this action. In s	upport of this ap	plication to	
1.	Are you incarcerated? Yes I am being held at:	⊠ No	(If "No," go to Q	uestion 2.)	
	Do you receive any payment from this institution?	Yes [No No		_
	Monthly amount:	_			
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attadirecting the facility where I am incarcerated to decand to send to the Court certified copies of my account. S.C. § 1915(a)(2), (b). I understand that this mean	duct the filing fe ount statements f	e from my accou for the past six m	nt in installments onths. <i>See</i> 28	
2.	Are you presently employed? Yes	☐ No			
	If "yes," my employer's name and address are:	sevelopme	ental Dis	abilities z	anstitute
	Gross monthly pay or wages: 1,895.04,	. ס דטשב גם	ly - Biweek	(ly []	787
				,	•
	Gross monthly wages at the time:	- · · · · · · · · · · · · · · · · · · ·			
3.	In addition to your income stated above (which you living at the same residence as you received more to following sources? Check all that apply.				
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends	: [Yes Yes	No No	

					_	
	(c) Pension, annuity, or life insurance payments]	Yes	Ø	No
	(d) Disability or worker's compensation payments]	Yes	望	No
	(e) Gifts or inheritances]	Yes	郊	No
	(f) Any other public benefits (unemployment, social	l security,]	Yes	¥	No
	food stamps, veteran's, etc.) (g) Any other sources		1	Yes	40	No
			1		4	
	If you answered "Yes" to any question above, described money and state the amount that you received and we have the state the amount that you received and we have the state of the state o		-			
	If you answered "No" to all of the questions above, e	explain how you	. а: S .	re paying you My he	11 exp	oenses: and pays notrege.
4 .	How much money do you have in cash or in a check					7 4
	Checking-23.01, Savi	'n9s 200	٥.	00		
5.	Do you own any automobile, real estate, stock, bond, financial instrument or thing of value, including any describe the property and its approximate value:	•	-	•		
6.	Do you have any housing, transportation, utilities, or expenses? If so, describe and provide the amount of the LORNS - SChool, PCCSON	all a second to the second				
•	List all people who are dependent on you for suppor much you contribute to their support (only provide i	i, your relations	211	P with cacity	い Derson	- 131.00 monthly n, and how
	N/A					
3.	Do you have any debts or financial obligations not do and to whom they are payable: - MACY'5, U	escribed above?	If	so, describe t	he an	nounts owed Ard
	eclaration: I declare under penalty of perjury that the above tement may result in a dismissal of my claims.	bove information	ı i	s true. I unde	rstan	d that a false
	tement may result in a dismissal of my claims.	7		0 0		
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_	9/49/3022 \\ Significant Signi	gnature	<u>t</u>	H Oa	лb	Our
Da	Barbour, Patricia A	•	<u> </u>	H Ba	<u>sb</u>	Our
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Da Na (1)	Barbour, Patricia A Pri Blo Sagebrush Lanc Isla	rison Identification#	\ \ \ \	incarcerated)	19 19	Our_
Da Na Ad	Bachour, Autritia A Pri Pri Pri Pri Pri Pri Pri Pr	rison Identification #	Y	1174 Zlp Code	19 19	our 270gmail.com